

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99722 Office of Registrar of Vital Statistics. Ward 3^d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May. 9. 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Marry Wilson

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, about 35 Years, _____ Months, _____ Days

Color, colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. ✓

Occupation, _____

Birth Place, State or country, and how long in the United States, if of foreign birth. Eastern Shore

Duration of Residence in the City of Baltimore, about 17 years

Place of Death, Give Street and Number. Bethel Street 217 new. (South)

Cause of Death, First (Primary). Tuberculosis Pulmonalis
Second (Immediate). Phthisis

Duration of Last Sickness, about 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Levens Cemetery

Date of Burial, May 11 1887

Undertaker, William W. Bunge } John A. Schutt M. D. Medical Attendant.

Place of Business, 150 East St } Address, 150 East St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99723 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9: 1887

Full Name of Deceased, Henry Colleger
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 76 Years, White Months, 13 Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Blacksmith

Birth Place, Laurel, Anne Arundel Co. Md.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 60 years

Place of Death, 904 W. Lombard St.
{ Give Street and Number. }

Cause of Death, Apoplexy & Heart Failure
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, ten weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Park

Date of Burial, May 12

Undertaker, Joseph Bloch M. D.

Place of Business, 1003 Baltimore Address, 800 W. Lombard St.

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SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99724 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10.

Full Name of Deceased, Anna Truman
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female
Cross out the word not required in this line.

Age, 4 Years, 3 Months, Days.

Color,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birth Place, Bath. City
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, 731 Ramsey
Give Street and Number.

Cause of Death, First (Primary), Malaria
Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, May 11th 1887

Undertaker, Geo. Leimbach

Place of Business, 647 W. Pratt Address, 400 E. Pratt

Medical Attendant, [Signature]

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99725 Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Crosson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give Street and Number. } 50 Harrison St

Cause of Death, { First (Primary), Second (Immediate), } Meningitis
Apoplexy

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, May 11th 1887

{ Undertaker, Wm J Schaeffer

E. C. Baldwin M. D.

Medical Attendant.

{ Place of Business, #8. S. Front St

Address, 304 N Epton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99726 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, May 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August & Lena Manna (Parents)

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Months, 10 Minutes

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } No 1001 Asquith St

Cause of Death, { First (Primary), Premature Birth (6 mos) Second (Immediate), Asthenia Life }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 11th 1887

{ Undertaker, August Manna } James H. Henry M. D.

{ Place of Business, 1001 Asquith St Address, } [Signature]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Henry M. Kewen Sanitary Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99727 Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Meyer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, One Years, Months Thirteen Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Co.

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } 1032 Penna Ave

Cause of Death, { First (Primary), Second (Immediate), } Whooping cough
congestion of the lungs
4 weeks

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 11th

Undertaker, Andrew Rohde

Elias C Price M. D.

Medical Attendant.

Place of Business, 730 Penna Ave Address, 953 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

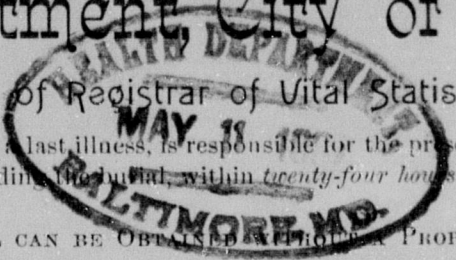
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 99728 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, May 9 1899
Full Name of Deceased, Alice Herkitt

Sex, Female ~~Male~~ { Cross out the word not required in this line. }

Age, 19 Years, Months, Days.

Color, White

Single ~~Married~~ ~~Widow~~ ~~Widower~~ { Cross out the words not required in this line. }

Occupation, Ball

Birth Place, during life { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 534

Place of Death, Mosher St. { Give Street and Number. }

Cause of Death, Consumption { First (Primary), Second (Immediate), }

Duration of Last Sickness, three years

All the above information should be furnished by the Physician.

Place of Burial, Laden Park

Date of Burial, 11 May

Undertaker, J. J. Chalmer

Place of Business, 2140 Penna Ave Address, 1008 Mad. Ave

H. M. Wilson M. D.
Medical Attendant.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99729 Office of Registrar of Vital Statistics. Ward 7^c

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10/87 - 5 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jindra (Jindra)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 Years, 5 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married ✓

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Holshany Bohemia Austria

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give Street and Number.} 918 Durham St. (North)

Cause of Death, {First (Primary), Chronic Interstitial Nephritis
Second (Immediate), Coma due to edema of the Base of Brain

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus.

Date of Burial, May 12/87.

{Undertaker, Frank Crach. } J. F. Lang M. D.
Medical Attendant.

{Place of Business, 827 N. Durham St. Address, 34 or 100 N. High St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19720 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th, 1887
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Breitschwerdt
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, 29 Years, 5 Months, Days.
 Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give Street and Number. } # 1729 Alice Anna St

Cause of Death, { First (Primary), Second (Immediate), } Typhoid - Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park Cemetery

Date of Burial, May 12th 1887

Undertaker, Wm. Nicolais John H. Rehberg M. D.
Medical Attendant.

Place of Business, 1715 Alice Ann. Address, #1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99731 Office of Registrar of Vital Statistics. Ward 3 ¹¹/₉

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Langford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, 3 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 213 N. Spring St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Green

Date of Burial, May 11-1887

{ Undertaker, Wm Madden } Edwin B. Tenby, M. D.
Medical Attendant.

{ Place of Business, 46 East Ave } Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]